

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>7-28-00</u>		2 Serial/Patent # <u>09/521524</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
<input checked="" type="checkbox"/>	Other			\$ <u>468.00</u>								
7 TOTAL AMOUNT OF REFUND		\$ <u>468.00</u>										
8 TO BE REFUNDED BY:												
	<input checked="" type="checkbox"/> Treasury Check											
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Morike May</u>		TITLE: <u>L.I.E.</u>										
SIGNATURE: <u>Morike May</u>		PHONE: _____										
OFFICE: <u>O.I.P.E.</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*